

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 10 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <b>146.35</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>EFF8DA868C0A249599A3</b>		
Purpose of Expenditure <b>IE-Roy-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 10 / 2018</b>		
Name of Federal Candidate <b>Roy, Chip, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>7122.28</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>		
Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 17 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <b>102.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>ECD2FF13855964722B2C</b>		
Purpose of Expenditure <b>IE-Roy-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 17 / 2018</b>		
Name of Federal Candidate <b>Roy, Chip, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>7224.53</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>248.60</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Brown, Megan, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 04 / 2018</b>	

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**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 24 / 2018</b>
Mailing Address <b>PO BOX 1948</b>		Amount <b>66.90</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>IE-Roy-Donation Processing</b>	Category/Type	Transaction ID : <b>E5E8B57BDB9FE4573A56</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 24 / 2018</b>
Name of Federal Candidate <b>Roy, Chip, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 26 / 2018</b>
Mailing Address <b>PO BOX 1948</b>		Amount <b>667.75</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>IE-Roy-Donation Processing</b>	Category/Type	Transaction ID : <b>EE43B6BB829A44A47AE8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 26 / 2018</b>
Name of Federal Candidate <b>Roy, Chip, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>734.65</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Brown, Megan, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 04 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 01 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <b>68.60</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>EBA9548445A7B4536ACB</b>		
Purpose of Expenditure <b>IE-Roy-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 01 / 2018</b>		
Name of Federal Candidate <b>Roy, Chip, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>8027.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>		

Full Name of Payee <b>Envision Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2018</b>		
Mailing Address <b>148 Graves Mill Rd</b>			Amount <b>7470.88</b>		
City <b>Lynchburg</b>	State <b>VA</b>	Zip Code <b>24502</b>	Transaction ID : <b>EFA6286BAA8664180AA1</b>		
Purpose of Expenditure <b>IE-Roy-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Roy, Chip, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>15498.66</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Run-Off</b>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7539.48</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>8522.73</b>

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Brown, Megan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 04 / 2018**

Signature